

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1053 OF 5659

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EMILY's List**

Full Name (Last, First, Middle Initial)

## **A. Roberta Gebhard**

Mailing Address 3609 Bell Ave

City

Jamestown

State

NY

Zip Code

14701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

523.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015

Transaction ID : 4408992

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

## **B. Dr. Erica T. Goode , M.D.**

Mailing Address 615 Cypress Point Rd

City

Richmond

State

CA

Zip Code

94801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015

Transaction ID : 4397540

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Alice Reier**

Mailing Address 1500 Park Ave. #302

City

Emeryville

State

CA

Zip Code

94608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015

Transaction ID : 4415509

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►